



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.8

Subject: Health Services for Females

Supersedes: DYD 12.10, 07/01/94

Local Policy: No

Local Procedures: No

Required training: No

Approved by:

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Application

To Superintendents and Health Administrators at Youth Development Centers.

Authority: TCA 37-5-106

Policy

Female youth shall be afforded a comprehensive program of health services that shall meet the particular and unique health needs of young women, including family planning, sexually transmitted infections and health education.

Procedures

A. Intake examination of females

All females committed to DCS must receive an initial health history and physical examination.

1. Health history

The intake health history shall include inquiry about

- ◆ The menstrual cycle and unusual bleeding
- ◆ The current use of contraceptive medications/devices
- ◆ Breast masses and nipple discharge
- ◆ Pregnancy

2. Lab work

Laboratory procedures/specimens must include:

- ◆ A culture for gonorrhea
- ◆ Testing for chlamydia

- ◆ A pap smear
- ◆ A serological test for syphilis
- ◆ A pregnancy test (if indicated)
- ◆ Optional tests as indicated

3. Physical exam

The physical examination must include:

- ◆ A pelvic examination, which must be conducted with maximum concern for privacy and human dignity
- ◆ A breast examination

B. Female hygiene

1. Supplies

Appropriate feminine hygiene items must be provided to female youth and be readily available, including sanitary napkins, tampons, and other necessary supplies.

- a) Availability of these necessary supplies must be consistent, based on individual needs, and not disrupted.
- b) Minor females must be counseled by staff regarding risks of toxic shock syndrome involved in the use of tampons and must be allowed to choose between tampons and napkins.

2. Douching materials

Douching for personal cleanliness is not recommended because it may wash away protective mucous and may transport infection higher in the vaginal tract (females who douche have four times the increased risk of bacterial vaginosis. Douching materials must be provided by the facility when there is a medical indication only, along with proper instruction and precautionary advice.

3. Disposal of sanitary products

Disposal of sanitary products must be in accordance with OSHA *Guidelines on Bloodborne Pathogens*.

C. Family planning services

Family planning services must be made available, on request, to female youth of child-bearing age prior to transfer to a community setting, furlough, weekend home pass, or release from custody.

1. Education

Routine health education classes in family planning and prevention of sexually transmitted infection must be available to the youth during her confinement if she chooses to pursue

them. Youth must be advised of the family planning care provided in all Department of Health clinics.

2. Contraceptives

- a) Contraceptives may be provided for family planning.
- b) Contraceptives may be prescribed by a physician for therapeutic purposes.
- c) All female youth placed on contraceptives for therapeutic purposes must be regularly monitored by the health care staff during the period of confinement.
- d) Prescriptions for contraceptives must be reviewed and renewed every 30 days, based on need.
- e) Condoms are available as needed.

D. Pregnancy

1. Diagnosis

The initial health assessment of female youth must include an inquiry concerning signs of pregnancy and last normal menstrual period.

If pregnancy is suspected, appropriate laboratory tests must be accomplished to make an accurate diagnosis.

2. Prenatal care

- a) The female youth who is pregnant must receive the same prenatal care that is available to women in the community. This care includes, but is not limited to, laboratory tests, diets, diet supplements, prenatal checkups, and instruction in exercise.
- b) Many of the routine prenatal procedures may be performed by a licensed practical nurse, registered nurse, nurse practitioner, family nurse clinician, or certified physician assistant under jointly developed and signed protocol in collaboration with consulting physician.

3. HIV screening

The HIV Pregnancy Screening Act of 1997 requires that pregnant youth be provided counseling and testing for HIV infection as early in the pregnancy as possible. This should include written materials and videos that explain and provide information on the following:

- ◆ nature of HIV
- ◆ methods by which HIV infection can be transmitted
- ◆ treatment available for HIV infection
- ◆ benefit of reduced rate of transmission of HIV to the fetus when treatment is given during pregnancy and delivery

- ◆ advantages of being tested for HIV infection as early as possible in the pregnancy
 - ◆ reliability of test for HIV infection
 - ◆ confidentiality of test results and the right to refuse HIV testing
- a) If the results are positive, the youth must be provided with additional counseling and referred for appropriate treatment. Health care providers must report to the Department of Health on a monthly basis the number of pregnant females who were tested for HIV and the names of any who test positive.
 - b) Results of the testing are to be maintained under strictest confidence because of the sensitive nature of the information and its social implications.

4. Decisions about adoption and abortion

Professional family planning counseling and assistance, through a neutral independent source, must be available to pregnant youth to assist the youth in making decisions such as whether to keep the child, give the child up for adoption, or seek an abortion.

5. Referral and return of custody

Pregnant minors within the DCS must normally be referred to a social service agency or returned to parental custody—preferably no later than the beginning of the third trimester of pregnancy.

Forms

None

Collateral Documents

OSHA Guidelines on Bloodborne Pathogens

Standards

3JTS-4C-15, 3-JTS-4C-24-1